STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVE COMPLETED 05/19/201	
	CPA-035				
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PSI III, INC		FREET SE GTON, DC 20	003		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SUOLU D DE	
S 000 Initial Comments		\$ 000	· · · · · ·	117	
May 19, 2017. The s interviews with admit administrative record	survey was conducted on survey findings were based on nistrators and a review of ds, eight (8) personnel er parent records and eight cords.		Recently	v	
Note: The below are appear throughout th	abbreviations that may e body of this report.				
BOD - Board of Director CBC- Criminal Back, CPA - Child Placing ADOP - Director of Per FBI - Federal Bureau MPD - Metropolitian F	ground Check gency sonnel of Investigations				
S 011 1602.5 BOARD OF D	IRECTORS	S 011			
Members of the Board as determined by lette background investigat	d shall be of good character ers of reference and criminal ions.				
Based on interview, the evidence that compreted background investigation reference had been ob	nensive criminal				
The findings include:				•	
On May 19, 2017, at 4:15 p.m. in interview with the director of personnel, surveyor requested the Board of Directors letters of reference and criminal background investigations. The director of personnel stated the documents will be forwarded by e-mail no later than May 22, 2017; however the documents were not received.  Regulation & Licensing Administration		for	ne letter of reference and crimina r the Board Members attached. I eviously sent on May 22, 2017. t Il ensure that board members ge	Documents were he PSI HR department	

STATE FORM

EXECUTIVE VICE PRESIDENT OF NG1511

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
		A. BUILDING:		COMPLETED		
	CPA-035	B. WING_		0544		
NAME OF PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY	'. STATE, ZIP CODE	05/1	05/19/2017	
PSI III, INC	770 M S	TREET SE				
(X4) ID SUMMARY STA		GTON, DC				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	JOHNA	(XS) COMPLET DATE	
S 214 1620.1 Adoptive Ho	me Study Services	S 214	The Adoptive Home Study for fost	er parents #1	- No.	
An adoptive home so to the placement of a	tudy shall be conducted prior a child in a home.		is attached. Again this document visent on May 22, 2017.	vas previously;		
This CONDITION is	not met as evidenced by:		i			
failed to ensure a ho	iew and interview, the CPA me study was conducted		[			
prior to the placemen	nt of a child for one (1) of the records reviewed. (Parent					
#1)	. Doords Tevicived. (Farein					
The finding includes:						
#1's foster family reco	2:50 p.m., review of Parent ords revealed no					
documented evidence	of a home study report.					
the Director of Operat would request that the	3:15 p.m., interview with ions revealed that the CPA home study report be					
placed in Parent #1's	Commission (Control of Control of					
that all foster family re study prior to the place	ey the CPA failed to ensure cords contained a home ement of a child.					
6 464. 1639.4(t) Foster Home	Study	S 464				
(t) Clearance with the or registry and record of or	child abuse and neglect riminal convictions, if any;	K.				
Based on record review failed to ensure that ea	ot met as evidenced by: v and interview, the CPA ch home study report					
included the findings of two (2) of the five (5) fo (Parents #1 and #2)	criminal record checks for ster parent files reviewed.					
The findings include:		1				

N61511

PRINTED: 05/25/2017 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	MENT OF DEFICIENCIES LAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A, BUILDING:			(X3) DATE SURVEY COMPLETED	
	CPA-035	B. WING_		05/19/2017	
IAME OF PROVIDER OR SUPPLIER	STREET	ODRESS, CITY	, STATE, ZIP CODE		
PSI III, INC		TREET SE IGTON, DC	20003		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	7111 D OF	(X5) COMPLE DATE
S 464 Continued From pa	age 2	S 464			
1. On May 19, 2017 Parent #1's foster fa documented evidence background check is 2. On May 19, 2017 Parent #2's foster fa documented evidence background check is of Parent #2 that res On May 19, 2017, at Director of Operation would request the FE background checks f son of Parent #2.	7, at 3:00 p.m., review of amily records revealed no ce of a FBI and MPD criminal in the records.  7, at 4:40 p.m., review of amily records revealed no ce of a FBI and MPD criminal in the records for the adult son cides in the home.  4:55 p.m., interview with the its revealed that the CPA is and MPD criminal for Parent #1 and the adult		Criminal record checks for foster par are attached. Again these document previously sent on May 22, 2017. Th compliance staff are required to com quarterly and annual reviews. They is clearances needed and schedule ap for the persons to be finger printed at the application for clearances.	s were e plete dentify the pointments	
that all foster family re	vey the CPA failed to ensure ecords contained FBI and ound checks as required by	1			
	i,	1			
		}			
		1			
		1			